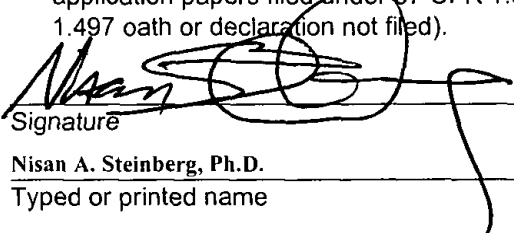


POWER TO INSPECT/COPY		Docket Number (Optional) 18810-81401						
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 5px;">In re Application of Prezant et al.</td></tr><tr><td style="width: 60%; padding: 5px;">Application Number 09/854,326</td><td style="padding: 5px;">Filed May 11, 2001</td></tr><tr><td style="padding: 5px;">Group Art Unit Unknown</td><td style="padding: 5px;">Examiner Unknown</td></tr></table> <div style="text-align: right; margin-top: 20px;">Paper No. <u>9</u></div> <div style="text-align: right; margin-top: 20px;"><div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED TFPH CENTER 1600/2807 02 APR 19 PM 2:54</div></div>			In re Application of Prezant et al.		Application Number 09/854,326	Filed May 11, 2001	Group Art Unit Unknown	Examiner Unknown
In re Application of Prezant et al.								
Application Number 09/854,326	Filed May 11, 2001							
Group Art Unit Unknown	Examiner Unknown							
<p>Assistant Commissioner for Patents Washington, DC 20231</p> <p>Please permit the following person(s) to inspect and make copies of the above identified application.</p> <p><u>Jane Edwards</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I am an:</p> <p><input type="checkbox"/> Applicant.</p> <p><input type="checkbox"/> Authorized official of the assignee of record. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record Registration No. <u>40,345</u>.</p> <p><input type="checkbox"/> Attorney or agent Registration No. _____ named in the application papers filed under 37 CFR 1.53, 1.494, or 1.495 (37 CFR 1.63 or 1.497 oath or declaration not filed).</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 60%;"><p>Signature</p><p><u>Nisan A. Steinberg, Ph.D.</u></p><p>Typed or printed name</p><p>_____</p><p>Title (Officer of company or corporate assignee)</p><p><u>Cedars-Sinai Medical Center</u></p><p>Name of Assignee, if any (e.g., company name)</p></div><div style="width: 35%; text-align: center;"><p>February <u>22</u>, 2002</p><p>Date</p></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content; float: right;">FOR PTO USE ONLY</div> <div style="clear: both;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; width: fit-content; float: right;">Approved by: _____ (initials)</div> <div style="clear: both;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; width: fit-content; float: right;">Unit: _____</div> <div style="clear: both;"></div>								